



NORFOLK COUNTY COUNCIL

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ANNUAL REPORT  
OF THE  
County Medical Officer  
FOR  
1929



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# **PUBLIC HEALTH, MATERNITY & CHILD WELFARE, AND TUBERCULOSIS COMMITTEES.**

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## **Public Health Committee.**

*Chairman:* MR. DANIEL DAVISON, O.B.E.

*Members:* \*Astley, Major D. G. Godfrey, Miss E. M.  
Beck, G. W. Gooch, E. G.  
Beever, Sir H. R., Bart. Harvey, Herbert  
Bidewell, E. G. Kidd, J. A.  
Carr, Miss M. Pearce, Dr. J. C.  
\*Cobon, George Peel Sam  
Cozens-Hardy, A. \*Suffield, The Dowager Lady  
\*Day, H. A. (Vice-Chairman)  
Fletcher, Major L. Taylor, A. Lombe  
Fox, H. W. Walsingham, Lady  
Gee, S. J. Weatherbed, Jas.

Ex-officio, Chairman and Vice-Chairman of County Council.

*Co-opted Members:*

## **Maternity and Child Welfare.**

Brereton, Miss K. Gooch, Mrs.  
Carr, Mrs. Wright, Dr. B. D. Z.  
Colman, Mrs. R. J., O.B.E.

## **Tuberculosis.**

Burton-Fanning, Dr. F. W. Wright, Dr. B. D. Z.  
Simpson, F. T. Young, Mrs. I.

## **Maternity and Child Welfare Sub-Committee.**

*Chairman:* MRS. R. J. COLMAN, O.B.E.

*Members:* Beck, G. W. Gooch, E. G.  
Brereton, Miss K. Harvey, Herbert  
Carr, Miss M. Peel, Sam  
Carr Mrs. Suffield, The Dowager Lady  
Day, H. A. (Vice-Chairman)  
Davison, D., O.B.E. Walsingham, Lady  
Godfrey, Miss E. M. Weatherbed, J.  
Gooch, Mrs. Wright, Dr. B. D. Z.

## **Tuberculosis Sub-Committee.**

*Chairman:* THE DOWAGER LADY SUFFIELD.

*Members:* Beever, Sir H. R., Bart. Pearce, Dr. J. C.  
Cozens-Hardy, A. Peel Sam  
Day, H. A. Simpson, F. T.  
Davison, D., O.B.E. Walsingham, Lady  
Burton Fanning, Dr. F. W. Weatherbed, J.  
Fletcher, Major L. Wright, Dr. B. D. Z.  
Gooch, E. G. Young, Mrs. I.  
Kidd, J. A.

\* Representatives of County Council, together with Mr. G. E. Hewitt,  
on Norfolk Joint Sanatorium Committee.

# STAFF of the PUBLIC HEALTH DEPARTMENT, 1929.

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## *County Medical Officer :*

T. RUDDOCK-WEST, M.D., B.S., D.P.H.

## *Senior Assistant Medical Officer :*

KENWAY T. WILLIAMS, M.D., M.R.C.S., L.R.C.P.

## *Clinical Tuberculosis Officer :*

W. B. CHRISTOPHERSON, M.R.C.S., L.R.C.P.

## *Assistant Clinical Tuberculosis Officers :*

D. MORRISON SMITH, M.B., Ch.B.

E. HOLMES WATKINS, B.M., B.Ch.

## *Assistant Medical Officers :*

N. CAMPBELL, M.B., C.M., D.P.H.

IRENE B. M. GREEN, M.B., B.S.

CHRISTINA LAMONT, M.B., Ch.B., D.P.H.

H. W. SEXTON, M.R.C.S., L.R.C.P.

## *Orthopædic Surgeon (part time) :*

M. W. BULMAN, M.D., M.S., F.R.C.S.

## *Assistant Bacteriologist :*

F. T. ALPE, F.C.S.

## *Dental Surgeons :*

J. G. AVENT, L.D.S.

A. J. CAIRNS, L.D.S.

SADIE S. HOW, L.D.S.

P. MILLICAN, L.D.S.

J. NIXON, L.D.S.

A. A. SUMPTER, L.D.S.

## *Inspector of Midwives and Superintendent Health Visitor :*

MISS M. A. FOWLER, M.B.E., S.R.N., CERT. C.M.B., H.V. CERT

## *Assistant Inspector :*

MISS M. V. E. DAVEY, S.R.N., CERT. C.M.B., SANITARY INSP. CERT.

## *Orthopædic Nurse :*

MISS JOYCE E. KEMP, CERT. SOCIETY OF MASSAGE AND MEDICAL GYMNASTICS.

## *Health Visitors :*

MRS. B. A. BEGENT, S.R.N., CERT. C.M.B.

MISS D. PARKER, S.R.N., CERT. C.M.B.

MISS O. M. PARKER, S.R.N., CERT. C.M.B., H.V. CERT.

## *School Nurses :*

MISS E. B. BYGRAVE, CERT. NURSE MISS A. HOLDEN, S.R.N.

„ F. B. JUGGINS, S.R.N.

„ F. M. MANN, S.R.N., CERT. C.M.B.

„ D. PERCIVAL, S.R.N.

„ C. SHINGLETON, S.R.N.

„ D. VICKERS, S.R.N.

„ L. WALKER, S.R.N.

„ A. WELLSTED, CERT. NURSE

*Home Teacher and Visitor under Blind Persons' Act :*

MISS A. E. PINNINGTON, CERT. COLL. OF TEACHERS OF THE BLIND.

*Assistant Home Teacher and Visitor :*

MISS M. D. RUSSELL, CERT. COLL. OF TEACHERS OF THE BLIND.

*Clerical Staff :*

*Chief Clerk*—C. J. HUBBARD.

*Sectional Clerks*—G. E. MANTRIPP, A. R. PYE, H. E. WISEMAN.

*Clerks*—S. H. BISHOP, E. W. DURRANT, G. A. RABY,  
J. W. WOODCOCK.

*Juniors*—R. R. BALES, G. W. CURTIS, J. D. DANT, I. HOOK,  
H. C. WEBB, J. W. WEBB, P. WEEKS.

*Typists*—Miss B. DAVISON (Senior), MISSES P. BECKWITH, M. GREEN,  
J. HAYHURST, B. A. SMITH, A. E. SPOONER, E. E. WOODCOCK.

*Laboratory Assistant*—W. R. EMMS.



# Medical Officers of Health and Sanitary Inspectors of the Sanitary Districts.

URBAN DISTRICTS :	MEDICAL OFFICER OF HEALTH :	SANITARY INSPECTOR :
Cromer	Dr. R. C. M. Colvin-Smith	R. Croome
East Dereham	„ N. E. D. Cartledge	W. A. Norris
Diss	„ H. M. Speirs	G. H. Jones
Downham Market	„ G. F. Cross	W. S. Pickett
*King's Lynn, M.B.	„ J. W. McIntosh	J. W. Shaw
New Hunstanton	„ W. E. H. Bull	F. Wilkinson
North Walsham	„ J. Shephard	W. Morris
Sheringham	„ J. E. Linnell, D.P.H.	F. Hall Smith
Swaffham	„ R. O. Townend	C. Frobisher
Thetford, M.B.	„ A. Oliver, D.P.H.	L. G. Howell
Walsoken	„ L. Groom	T. M. Kerridge
*Wells-next-Sea	„ G. Calthrop	F. Rodwell
RURAL DISTRICTS.		
Aylsham	Dr. H. H. Back	H. W. T. Trotter
Blofield	„ H. H. Back	L. F. Beckwith
Depwade	„ F. N. H. Maidment	F. H. Bowden
Docking	„ B. G. Sumpter	A. B. Nowell
Downham	„ G. F. Cross	S. C. Rigg
East & West Flegg	„ W. Royden	A. Coulter
Erpingham	„ J. E. Linnell, D.P.H.	A. R. Tuddenham
Forehoe	„ A. P. Agnew	A. W. Hobbs
Freebridge Lynn	„ O. L. Appleton	A. W. Plowright
Henstead	„ S. H. Burton †	J. B. Panks
Loddon & Clavering	„ E. N. P. Martland	C. W. Pritchard
Marshland	„ S. R. Lister	J. T. Dewhurst
Mitford & Launditch	„ N. E. D. Cartledge	B. E. Penny
St. Faith's	„ S. H. Long	H. S. Hawkins
Smallburgh	„ B. D. Z. Wright	A. L. Taunton
Swaffham	„ E. F. Rose	W. H. Edwards ‡
Thetford	„ G. Cowan	A. O. Adcock
Walsingham	„ W. H. Fisher	W. H. Moffatt
Wayland	„ E. F. Rose	C. Whitworth
West Lynn	„ T. O. Hutton	R. Walker

\* Also Port Sanitary Authorities.

† Died March, 1929. Successor, Dr. R. F. Connell.

‡ Appointed 4th March, 1929.

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## PREFACE

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**T**HIS Report, the 23rd of the series, covers the first full year since my appointment. The work of co-ordinating the different sections of the Public Health Department has progressed steadily.

The chief legislation during the year affecting public health was the passing of the Local Government Act, 1929. Reference is made in the Report to some of the far-reaching changes involved by the transfer of the Poor Law Medical Services to the Public Health Service.

The Birth Rate for the County has been gradually decreasing since 1924. During 1929 there has been roughly one less birth and one more death per 1,000 of the population, compared with the returns for 1928, and the natural increase in the population (excess of births over deaths) has dropped from 1393 to 631 in a year. For every 1,000 births 60 infants have died before reaching one year of age. This is by no means a satisfactory position and emphasises the vital need for a policy directed especially towards the protection of infantile life.

During 1930 it is hoped to establish a comprehensive Maternity and Child Welfare Scheme, which will ultimately include the provision of Health Visiting and Midwifery Services throughout the whole Administrative County.

T. RUDDOCK-WEST,

*County Medical Officer.*

*May, 1930.*



# ANNUAL REPORT

OF THE

## County Medical Officer

### 1929

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The County of Norfolk is roughly ovoid in shape, and is bounded on the North, East, and North-West by the North Sea, with a total coast length of over ninety miles ; on the South by Suffolk ; on the South-West and West by Cambridgeshire and Lincolnshire.

East to West of the County, from the boundary line of Great Yarmouth to West Walton, is about sixty-seven miles, and the greatest depth, from Blakeney to Blo' Norton, about forty-two miles. The area of the Administrative County is 1,303,570 acres, or 2,037 square miles.

Norfolk is the fourth largest County and the second largest Administrative County in England.

#### **SANITARY DIVISIONS.**

The Administrative County is divided into thirty-two Sanitary Districts, comprising two Boroughs, ten Urban Districts, and twenty Rural Districts. There are twenty-eight individual District Medical Officers, four having two Districts each ; all are part-time Officers, and, with few exceptions, are engaged in private medical practice. Each District has its own Sanitary Inspector.

A complete list of these Officers during 1929 appears on page 4.

#### **COUNTY COUNCIL STAFF.**

##### **Professional Staff.**

The County Medical Officer is also School Medical Officer, Administrative Tuberculosis Officer, Maternity and Child Welfare Officer, Bacteriologist, and Technical Officer under the Blind Persons Act. A list of the Staff is given on pages 2-3. In addition, 107 District Nurses act as part-time Health Visitors.

The Senior Assistant Medical Officer and the five Assistant Medical Officers, six Dentists, and nine Nurses practically devote their entire services to the work of School Medical Inspection and Treatment.

##### **Clerical Staff.**

There are sixteen clerks, one of whom acts as laboratory attendant, and seven shorthand typists.

## RE-ORGANISATION OF STAFF.

In July, 1929, the County Council adopted the second report of the Joint Committee, whereby the medical, dental and nursing staff originally appointed for school medical work was transferred to the general staff of the Public Health Department.

In 1928 the clerical staff was similarly transferred.

A Joint Medical Services Committee was also constituted to deal with the appointment, salaries and other duties of the staff, and to fix the apportionments between the appropriate committees.

The system of watertight compartments in the Public Health Department has now been converted into one unified whole. This enables the services of the members of the staff to be utilised in any of the various branches of the work. Once the scheme is put fully into operation, the whole of the public health service will be co-ordinated and the work carried out economically without overlapping.

## LOCAL GOVERNMENT ACT, 1929.

This Act, which was passed in 1929 and came into force on April 1st, 1930, profoundly affects the operation of local government. From a public health point of view, the most far-reaching of the changes is the transfer to the County Council of the work which has been previously carried out by Boards of Guardians. Amongst the new duties which now devolve upon the County Council are :—

- (a) Relief of the poor (including medical assistance).
- (b) Vaccination.
- (c) Infant life protection.
- (d) Collection of the fundamental vital statistics.
- (e) The provision, maintenance and management of all public institutions for the cure or mitigation of physical or mental disease.
- (f) Reviewing the county districts with the object of ascertaining whether it is desirable to effect any changes in boundaries. A report of the review, together with the proposals as to any changes considered desirable, must be sent to the Minister of Health before April 1st, 1932, or such later date as he may allow.
- (g) Formulating, after consultation with the Councils of districts, arrangements for securing that every Medical Officer of Health subsequently appointed for a district shall be restricted by the terms of his employment from engaging in private practice as a Medical Practitioner.
- (h) Surveying the existing hospital accommodation for the treatment of infectious disease within the County and preparing a scheme, after consultation with the councils of districts, for the provision of adequate accommodation.

The Act also provides for the transfer of Maternity and Child Welfare services from those local authorities not responsible for elementary education.

Power has been given under the Act to enable the Council to contribute towards the cost of certain sanitary measures in any of the county districts. Such contributions will be charged over the whole of the county, and should assist materially the poorer districts in obtaining sewerage systems and water supplies.

The Act also enables the council of a district at any time to relinquish in favour of the County Council any functions relating to public health.



The Act alters entirely the system of grants paid from the Exchequer for the provision of public health services. The percentage grants previously paid in connection with Maternity and Child Welfare, Tuberculosis, and Venereal Diseases disappear, and are included in the total block grant paid to the County.

The County Council is required by the Act to appoint a Public Assistance Committee. As the duties of such a committee concern the health of the public, the Council has decided that the Public Health Committee shall act as the Public Assistance Committee and shall be described as the Public Health and Assistance Committee. Thus complete co-ordination of the whole of the Public Health services will be secured. The Public Health and Assistance Committee consists of 47 members, of whom 32 are members of the Council. The following sub-committees have been appointed :—

- (a) Public Assistance (relief of the able-bodied).
- (b) Public Assistance (all other relief).
- (c) Maternity and Child Welfare.
- (d) Tuberculosis.
- (e) Blind Persons Act.
- (f) General Public Health and Finance (including duties under Public Health, Housing, Food and Drugs Act, Milk and Dairies Act, Vaccination, and the selection of the staff serving more than one branch).
- (g) Bills Committee.

In the Annual Report of the Chief Medical Officer of the Ministry of Health for the year 1928, Sir George Newman states :—

“ Subject to the instructions of the Authority, and in the closest possible co-operation with the Clerk, as the principal administrative officer and acquainted with the whole of its work and policy, the Medical Officer of Health should exercise general supervision over the work of the public health and medical staff of the Authority engaged in these varied services. He will also be required to supervise, though less directly, all the medical services of the Authority, including the District Medical Officers and the medical institutions.

“ For the first time in the history of the public health service, the Medical Officer of Health has a direct and ample opportunity for closely and effectually co-ordinating in his area all the various medical services of the State.”

## **POPULATION.**

The population of the administrative county on June 19th, 1921, according to the census returns, was 322,932. The estimated population in June, 1929, for the purpose of calculating the birth-rate was 323,260. The death-rates are based on an estimated population of 322,990.

## **BIRTHS.**

The number of births registered in the administrative county during the year was 4,967. Of these, 327, or 6.6 per cent., were illegitimate, as compared with 6.2 in 1928. The net birth-rate was 15.36 per 1,000 of the population (a decrease of 1.01 as compared with the rate of the previous year). The birth-rate in England and Wales in 1929, according to the Registrar-General's provisional figures, was 16.3 per 1000 population. The natural increase in the population of the administrative county during 1929, *i.e.*, the excess of births over deaths, was 631.

The following table shows the birth-rate for the previous five years :—

1928	1927	1926	1925	1924
16·37	15·73	16·58	16 67	17·61

The Table of Infantile Statistics on page 39 indicates the number of births and the birth-rate in each sanitary district.

### DEATHS.

The number of deaths of civilians belonging to the County after the allocation of transferable deaths was 4,336. This gives a net death-rate of 13.42 per 1,000 of the civil population as compared with 12.07 in 1928. The death-rate in England and Wales in 1929 was 13.4.

The table on page 40 gives the cause of death at specified ages.

Death-rates per 1,000 population :—

	Rural	Urban	Adm. County
Cancer	1·63	1·83	1·67
Respiratory Diseases	1·37	1·88	1·46
Zymotic Diseases	0·23	0·40	0·27
Tuberculosis (pulmonary)	0·58	0·73	0 61
„ (non-pulmonary)	0·14	0·19	0·15
Infants under 1 year	0 93	0·91	0·92

The number of deaths ascribed to the seven principal epidemic or zymotic diseases was 86, and the death-rate was 0·27 per 1,000 civilians, an increase of 0·02 as compared with last year.

The following table shows the death-rate for each disease :—

Disease.	Administrative County.	England & Wales.
Small-pox	0·00	0·00
Measles	0.003	0 08
Scarlet Fever	0·01	0 02
Diphtheria	0.07	0·08
Whooping Cough	0·10	0 15
Enteric Fever	0·01	0·01
*Diarrhœa (children under 2 years)	3 02	8·10

\* Rate per 1000 births.



## INFECTIOUS DISEASES.

Notifications of infectious diseases received during 1929 :—

Disease.	No. of Cases notified.	No. of deaths notified.
Smallpox	1	—
Cholera	—	—
Diphtheria	235	21
Erysipelas	95	—
Scarlet Fever	650	3
Typhus Fever	—	—
Enteric Fever	32	2
Continued Fever	—	—
Puerperal Fever	15	8
Puerperal Pyrexia	34	—
Plague	—	—
Tuberculosis (Pulmonary)	298	197
(Non-pulmonary)	168	48
Cerebro-Spinal Fever	3	—
Acute Poliomyelitis	5	—
Ophthalmia Neonatorum	17	—
Acute Polio-Encephalitis	2	—
Encephalitis Lethargica	9	8
Epidemic Encephalitis	1	—
Malaria	—	—
Dysentery	1	—
Pneumonia	350	214
Chicken-pox	352	—
Total	2268	501

The following diseases showed an increase in incidence :—

(Numbers for 1928 in brackets.)

Erysipelas, 95 (64).	Scarlet Fever, 650 (605).
Puerperal Fever, 15 (12).	Puerperal Pyrexia, 34 (26).
Tuberculosis (Pulmonary), 298 (271).	Tuberculosis (Non. Pul.), 168 (125).
Ophthalmia Neonatorum, 17 (10).	Pneumonia, 350 (203).
Polio-Encephalitis, 2 (1).	Epidemic Encephalitis, 1 (0).
Dysentery, 1 (0).	

Diseases where the incidence was less compared with 1928 were :—

Small pox, 1 (42).	Diphtheria, 235 (480.)
Enteric Fever, 32 (38).	Poliomyelitis, 5 (12).
Encephalitis Lethargica, 9 (14).	Chicken pox, 352 (497).

The case of smallpox, fortunately of the mild variety, occurred at Heacham. The patient was a travelling cashier employed by the International Stores, Ltd., and from the history obtained I feel certain that she contracted the disease from a man living in the same lodgings as herself at Chesham. This man was stated to have had chicken-pox. Prompt measures were taken for the removal of the patient to the Docking and Walsingham Joint Smallpox Hut on Docking Common, and particulars of the case were forwarded to the Medical Officers of Health of all districts concerned.

## Hospital Provision.

The following report was submitted to the Public Health Committee in connection with the survey required by Section 63 of the Local Government Act, 1929 :—

### **Report of County Medical Officer on the Infectious Disease Hospital Accommodation in the Administrative County of Norfolk.**

Under Section 63 of the Local Government Act, 1929, the County Council is required to make a survey of the hospital accommodation for the treatment of infectious diseases within the County. On the completion of the survey, and after consultation with the Districts and, if necessary, the adjoining County Boroughs, the Council is required to submit to the Minister of Health a scheme for the provision of adequate infectious disease hospital accommodation. The scheme may provide :—

(1) Arrangements with existing district hospitals for the admission of cases outside their area.

(2) For the provision by the County Council or by any District Council of new accommodation.

(3) Arrangements with adjoining County Boroughs.

As it is advisable to treat Smallpox in an institution reserved solely for that purpose, the question of accommodation for the treatment of infectious disease in the County will be considered under two headings :—

## **1. ACCOMMODATION FOR INFECTIOUS DISEASES.**

### **Existing Accommodation.**

The following is a brief summary of the existing isolation hospitals in the Administrative County :—

Hospital Situated at	Districts served.	Population Estimated 1928.	Number of Beds.	
			According to district returns.	On M. of H. basis.
Roughton	Cromer U.D. ...	4,330	8	6
	Sheringham U.D.			
Roughton	North Walsham U.D.	26,173	16	8
	Erpingham R.D.			
Wicklewood	Forehoe R.D. ...	12,520	9	6
Hunstanton	Hunstanton U.D.	3,861	5	3
King's Lynn	King's Lynn M.B.			
	King's Lynn P.S.D.	20,100	16	10
		66,984	54	33

As the scheme for hospital provision must be submitted to the Minister of Health for approval, the existing accommodation is taken on the Ministry of Health basis, viz. 144 sq. ft. per bed in wards containing more than one bed and 120 sq. ft. in single bed wards.



The following is a summary of hospitals not in the Administrative County which admit County Cases :—

Hospital situated at	County Districts served.	Population estimated 1928.	No. of beds allotted.
Wisbech	Walsoken U.D. ... Marshland R.D. ...	3,772 14,550	No definite allocation, but accommodation has proved adequate.
Oulton Broad, Loddon and Clavering R.D.		12,160	

A limited number of cases from adjoining districts can be admitted into the Norwich Isolation Hospital. It has not been possible, however, for any definite number of beds to be assigned to these districts as the accommodation there is provided primarily for cases occurring in the borough, and County cases can only be admitted as vacancies arise.

There are in the Administrative County 32 sanitary districts having a population, as estimated in 1928, of 322,550. From the above statement it will be seen that the position is as follows :—

County Districts having provided Isolation Hospitals in Norfolk.	No. of Hospitals	No. of Beds M. of H. basis.	Population served.
7	5	33	67,000
County Districts having arrangements with districts outside Norfolk.			
3	2	—	30,000
Districts having no definite arrangements.			
22	Nil	Nil	225,000

### Accommodation required.

This depends upon several factors, among which may be mentioned :—

- (1) The various types of infectious disease for which it is proposed to make provision.
- (2) Prevalence and fatality of these diseases.
- (3) Whether the accommodation is provided in a Central Hospital (excluding those areas which have already made provision) or in a number of small hospitals.
- (4) Utilisation of the provision made.

The principal diseases for which accommodation would be required are Diphtheria, Scarlet Fever, and Enteric Fever. It would also be advantageous to make provision for cases of Puerperal Fever and certain cases of Measles and possibly Whooping-cough.

As will be seen from the following tables, the incidence and fatality have varied considerably during the years 1921-1928.

	Scarlet Fever		Diphtheria.		Enteric Fever.		Puerperal Fever.	
Year.	Cases Notified.	Deaths	Cases Notified.	Deaths.	Cases Notified.	Deaths.	Cases Notified.	Deaths.
1921 ...	435	5	332	23	20	4	6	8
1922 ...	462	1	208	10	18	5	9	7
1923 ...	541	3	148	6	45	4	10	3
1924 ...	551	10	93	6	34	4	7	4
1925 ...	446	—	127	16	26	2	8	4
1926 ...	317	1	69	4	36	3	14	6
1927 ...	341	3	147	15	54	4	5	5
1928 ...	605	6	408	27	38	4	12	6
Highest No. of cases in any one year	605		408		54		14	
Lowest No. of cases in any one year	317		69		18		5	
Average incidence and deaths for the 8 years 1921-28	462	4	191	13	34	4	9	5

According to the standard of the Ministry of Health, one Isolation Hospital bed per 1,000 population is required, but having regard to the fact that Norfolk is a sparsely populated County and cases occurring in approximately two-thirds of the County have received no isolation other than that obtainable at home, it would not appear to be necessary to provide accommodation on such a scale.

All cases of infectious disease do not necessarily require treatment in Isolation Hospitals, but two main categories do, viz. :—

(1) Patients who are mainly a danger to themselves, being so severely ill as to require skilled nursing which is not available locally.

(2) Patients who are mainly a danger to the community at large owing to the lack of suitable isolation accommodation in the home or owing to the fact that members of the family are concerned in the handling of milk and other food used for human consumption.



## How accommodation could be provided.

(1) By two or three sanitary authorities combining to provide a joint Isolation Hospital.

This would result in a number of small institutions being scattered throughout the County, each requiring arrangements for sanitation, water supply, disinfection and ambulance. The type of case admitted would usually be restricted to Diphtheria and Scarlet Fever, and a relatively larger number of beds would be required. The cost of such a scheme would be prohibitive.

(2) By dividing the unprovided portion of the County into three or four areas, with an Isolation Hospital in each. Each Hospital would require the same provisions as outlined above, and the number of beds required would still be relatively large.

(3) By the provision of a Central Hospital.

The County Council already possesses a site at East Dereham which was originally purchased for this purpose. This site comprises an area of about 14 acres, and drainage, piped water supply, electric light and gas are available. Additional land could be acquired if necessary. A hospital erected on this site would provide accommodation for all the districts at present without definite arrangements for isolation.

The initial requirements of a Central Hospital would be as follows :—

(a) Administrative block which would also provide accommodation for a resident Medical Officer, nursing and domestic staff.

(b) A block containing laundry, steam disinfector, garage for motor ambulance, mortuary, and accommodation for the discharge of patients.

(c) ISOLATION BLOCKS. Each block to consist of two wards separated by a duty room and supplied with sanitary annexes ; by being so constructed the sexes would be separated. These blocks would be intended primarily for the reception of cases of diphtheria, scarlet fever and enteric fever, and should be so constructed as to be readily capable of extension if required. The blocks might possibly contain about 40 beds.

(d) An observation block containing about eight separate cubicles with a duty room or kitchen and sanitary annexes. This would be used for the admission of doubtful cases and any other cases for which no separate accommodation is available.

## Conclusions.

Any one of these proposals, if carried out on the lines suggested, would provide the necessary accommodation for isolation of cases of infectious disease. Of the three, the last appears to be the most satisfactory. By the establishment of a Central Hospital it would be possible to erect an institution conforming with all modern requirements at the one prime cost, instead of duplicating this in various smaller institutions.

Should the demand for beds become greater the accommodation could be easily increased. Such a hospital would justify the appointment of a Resident Medical Officer, whose services could be utilised also in other branches of the Public Health Department, and a resident staff of nurses and domestics.

In my opinion the establishment of a Central Hospital as outlined above is the only method worth considering from the point of view of efficiency and economy.

## 2. ACCOMMODATION FOR SMALLPOX.

The following is a brief summary of the present position :—

County districts having provided a definite Institution for Smallpox.	No. of Institutions.	No. of beds. on M. of H. basis.	Population served.
15	10	35	172,240
County districts having arrangements with outside Authorities.	2	—	31,602

Of the remaining districts Depwade, Henstead and Forehoe have a site and foundations laid for a hut in the grounds adjoining the Swainsthorpe Poor Law Infirmary ; a road has been made and water supply is available. It was also suggested that a wing of the Poor Law Institution might be used, but this has been disapproved by the Minister of Health.

East and West Flegg Rural District have set aside Rollesby Infirmary for the purpose, and Diss Urban District proposes to utilise the Old Lazar House, Diss. Both institutions are very old buildings, in poor condition, and are totally unsuitable.

Cromer U.D.C. has an arrangement with Erpingham R.D., Sheringham U.D. and North Walsham U.D., whereby if a case of smallpox occurs in either district the infectious disease hospital of that district shall be used for smallpox, cases of infectious disease in the institution at the time being transferred to the other infectious disease hospital. Particulars of both institutions are given earlier in this report.

In addition three districts have made arrangements for the erection and equipment of huts at short notice in the event of an outbreak occurring, whilst King's Lynn R.D. and New Hunstanton U.D. have made no provision whatever.

With the exception of the hospitals at Roughton which have their own sewerage and water schemes, only three of the other institutions have piped water and the remainder draw their supply from wells or utilise storage tanks. In the majority of cases there is apparently nothing but pail closets, and lighting is by oil lamps. The joint institution provided by the Docking and Walsingham R.D.C.s is the only one with a motor ambulance, and none have adequate arrangements for steam disinfection.

### Accommodation required.

During the last few years the incidence of smallpox has increased enormously, but the disease is now usually of a much milder type than formerly, and the fatality low. It by no means follows, however, that this latter state of affairs will continue, and it is highly desirable that accommodation should be available for each district in the County. Few of the existing buildings would be capable of dealing with a serious outbreak.



## **How accommodation can be secured.**

(1) By extending the present scheme so that those districts which are unprovided have their own accommodation. These arrangements, whilst serving a useful purpose in the past, cannot be recommended as forming an ideal scheme. With the exception of King's Lynn M.B., which dealt with a large number of cases last year, the only Institution which has been used for some time is that of the Docking and Walsingham R.D.C.'s and the majority of the huts provided by the other districts have been idle.

(2) By the provision of two or three institutions to serve the whole County.

If this suggestion were adopted, it might be possible to extend two or three of the better type of huts at present existing in the County for this purpose.

(3) By the establishment of a Central Smallpox Hospital.

(1) Such a hospital could be provided by taking over one of the existing huts centrally situated (e.g. Swaffham or Dereham) and extending it, as outlined in the next paragraph, to meet the requirements of the County as a whole. It might be necessary to purchase additional land, and in any case the building or buildings will need to be equipped on up-to-date lines with drainage and water schemes, lighting, motor ambulance and steam disinfecter, as mentioned in my previous reports.

(2) By purchasing a small estate, utilising the house as administrative block and making two wards and an observation block consisting of about four cubicles. The approximate number of beds required would probably be about twenty. The huts would, of course, have to be erected in such a manner as would permit of easy extension. One ward would be used for each sex and would have accommodation for ten beds ; each ward being separated by a duty room. It would be desirable to lay the foundations for further wards, and, in any case, it would be necessary to make provision for a mortuary, laundry, ambulance, etc.

Whichever method were adopted, it would not be necessary to have those wards built of brick ; corrugated iron, asbestos or some such material would serve the purpose, having regard to the fact that the institution would probably only seldom be required.

For such an institution, a married couple would be required to act as caretakers and to be responsible for keeping the place clean and ready for immediate occupation. In the event of a case of smallpox requiring admission, immediate arrangements can be made for the supply of nurses and maids.

## **Conclusions.**

Of these three methods, the remarks in regard to the establishment of an ordinary infectious disease hospital apply very largely here also.

The accommodation which has been provided in the County, beyond King's Lynn and Docking, has not been used for many years. There is usually no permanent caretaker and the huts are not altogether desirable for immediate occupation.

In addition, there are many buildings existing, which, as a rule, are not in use at all ; but if suddenly required in the event of an outbreak, they would prove totally inadequate to meet the needs.

A Central Institution in charge of a caretaker and his wife could be kept always ready for immediate occupation ; and, further, could be provided with modern requirements at a comparatively small cost.

The Public Health Committee have recommended the County Council to approve of the principle of erecting a central hospital at East Dereham for treating cases of infectious disease, other than smallpox, which occur in areas not served by an Institution sufficiently complete to be included in the county scheme.

How accommodation for the treatment of smallpox shall be provided is under consideration by the Committee.

**MATERNITY AND CHILD WELFARE.**

**Area.**

The County Council is responsible for Maternity and Child Welfare throughout the whole Administrative County, with the exception of the Municipal Borough of King's Lynn, the Urban District of Swaffham, and the Rural District of Forehoe.

**Midwifery Service Provision.**

The approximate position is as follows :—

	BY NURSING ASSOCIATIONS.		BY COUNTY COUNCIL. Whole time Health Vis.	By Indep. Midwives.	Unprovided.	Total.
	Affiliated with County Nsg. Assocn.	Not affiliated.				
Parishes	422	13	9	130	116	690
Nurses	110	6	4	51		171

This table shows that 116 parishes have no arrangements for the supply of a midwife, compared with 186 in 1928.

**Training of Midwives.**

The County Council makes a grant of £30 in respect of each Midwife permanently appointed in the County, working under the auspices of the Norfolk Nursing Federation.

**Post Certificate Course for Midwives.**

Under arrangements made between the County Council and the County Nursing Federation, two midwives were sent to a post-certificate course.

**Inspection of Midwives.**

The County Council is the Local Supervising Authority under the Midwives Acts, 1902 and 1918, throughout the whole of the Administrative County. The Inspector of Midwives is Superintendent Health Visitor and is also the Superintendent of the County Nursing Association. An Assistant Inspector is provided by the County Council, whilst the County Nursing Association also has an Assistant Inspector.

641 routine inspections were paid by the Inspectors during the year, being an average of nearly four visits to each midwife.



75 visits of investigation were made in connection with notifications that medical help had been called in by a midwife.

All midwives certified under the Midwives Acts must notify the Council each year of their intention to practise.

During the year one midwife was reported to the Central Midwives Board for infringement of their Rules. The Board found all the charges proved, but decided to suspend sentence for six months, in order to give her an opportunity of proving amendment. As her conduct and methods were quite satisfactory during this period, her name was not removed from the Roll.

The following table is a brief summary of the notifications received during 1929 :—

	Certificate of C M.B.	Bona-fide.	Total.
Permanent	163	4	167
Temporary	4	—	4
Total	167	4	171

2,506 births were attended by midwives : 1,221 as midwifery cases and 1,285 as maternity cases.

Under the Rules of the Central Midwives Board, midwives are required to summon medical help under certain specified emergencies and to notify the Local Supervising Authority that they have done so.

297 notifications were received during the year (237 for mothers and 60 for infants), i.e. 24.32 per cent. of the case sattended by midwives. In 1928, 337 notifications were received (259 for mothers and 78 for infants).

The following table shows the conditions for which medical help was sought :—

**FOR MOTHERS.**

**(a) During Pregnancy.**

Albuminuria	6
Dangerous varicose veins	5
Vaginal discharge	2
Other illnesses	8
	—
	21

**(b) At Labour.**

Abortions (11 complete, 2 threatened)	13
A.P.H.	13
Delayed or obstructed labour (of which 32 ended instrumentally)	65
Malpresentations (2 ended instru- mentally and 1 was transferred to Hospital)	10
Complicated breech	2
Adherent placenta	8
Adherent membranes	1
P.P.H.	9
Perineal Tears	65
Eclampsia	2
Collapse	1
	—

**(c) During Puerperium.**

Pyrexia (1 ? T.B., 3 influenza, 3 slight chills, 3 scarlet fever, 4 no definite diagnosis—all made a good recovery)	14
Leg troubles (veins)	3
Inflammation of breast	1
Other illnesses (1 puerperal insanity)	9
	—
	27

Total for Mothers, 237.

**FOR INFANTS.**

Discharging eyes	19
Feebleness	20
Hæmorrhage from cord	1
Harelip and cleft palate	4
Watery blisters (3 were pemphigus)	4
Deformities and other abnormal conditions	12
	—
	60

Total number of Medical Help Forms, 297.

**Stillbirths.**

The following table shows the number of stillbirths reported by midwives during the year 1929:—

Premature	12
Full Term	11
Total	23

**Public Health (Ophthalmia Neonatorum) Regulations, 1926.**

Particulars of cases notified are given in the table below.

11 cases were visited ; the remaining 8 were private doctors' cases and not visited.

Cases.			Vision unimpaired.	Vision impaired.	Total blindness.	Deaths.
Notified.	Treated					
	At Home.	At Hospital.				
19	15	4	19	—	—	—

**Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926.**

Particulars of cases notified :—

DISEASE.	No. of cases notified.	No. of cases nursed.	No. of applications for 2nd opinion.	No. of cases removed to hospital.
Puerperal Fever ... ..	*19	6	2	10
Puerperal Pyrexia ... ..	35	9	2	12

\* Includes 4 cases also notified as Puerperal Pyrexia.



### Abnormal Maternity Cases.

Arrangements were made for one patient to be admitted to a Hospital for her confinement owing to abnormal conditions.

### Maternal Mortality.

The County Council having agreed to the County Medical Officer undertaking the enquiries desired by the Ministry of Health in Circular No. 934, a report has been made on 20 cases.

The following table shows the causes of Maternal deaths during the year, as given by the Registrar General :—

Puerperal sepsis ... ..	8
Other accidents and diseases of pregnancy and parturition	14
Total	22

### Infantile Mortality.

The number of deaths under one year of age was 298. The net infant death-rate was 59·996 per 1,000 live births, as compared with 74 in England and Wales.

The infant death-rate for the County in the previous five years was :—

1928	1927	1926	1925	1924
56·04	65·65	56·23	53·71	54·51

There were 29 deaths among the illegitimate children under one year, representing a death-rate of 119·27 per 1,000 births. This shows an increase on the rate for 1928, which was 82·32.

The infantile mortality is commendably low, considering the housing conditions under which many of the people live.

The table of infantile statistics on page 39 shows the number of deaths under one year in each sanitary district.

### Notifications of Births.

Each District Council is the Local Authority under the Notification of Births Acts, 1907 and 1915, and all notifications are sent to the District Medical Officers of Health, who are required to send a copy of each to the County Medical Officer.

This will be altered during the year, as the Minister of Health has made an Order transferring on and after April 1st, 1930, the functions under these Acts to the County Council except in those areas where the District Council is acting as a Maternity and Child Welfare Authority.

### Infant Health Visiting.

The present position in the County is as follows :—

	Whole-time Health Visitors.	Nurses from Local Associations acting as part-time Health Visitor.		Unprovided.	Total.
		AFFILIATED.	NOT AFFILIATED.		
Parishes	112	409	5	164	690
Health Visitors	5*	106	2	—	113

\* Includes the Health Visitor of the Forehoe R.D.C.

It will be seen from this table that in 164 parishes there is no provision whatever for this important branch of the work to be carried out. During the past five years the following visits have been paid :—

Year.	EXPECTANT MOTHERS.		INFANTS UNDER 1 YEAR.		CHILDREN 1—5 YEARS.
	First Visits.	Total Visits.	First Visits.	Total Visits.	Total Visits
1925	1734	5893	2243	12015	31471
1926	1873	6596	2707	20632	48048
1927	1914	6430	2743	21554	51255
1928	2804	7429	2925	21553	56437
1929	2106	7028	2846	23863	56509

Unfortunately a vacancy has existed on the staff of the whole-time Health Visitors since May, 1929. To overcome the difficulty of obtaining suitable candidates, the County Council has adopted a scheme to assist trained nurses to obtain the certificate required by the Minister of Health.

### Maternity and Child Welfare Centres.

The value of well-conducted Centres was emphasised in last year's Report.

There are 11 Centres in the County, which have been approved by the Minister of Health ; 4 of these have been established by District Councils, viz., 3 by the Forehoe Rural District and one by the Swaffham Urban District. The remaining 7 have been brought into being entirely by the efforts of voluntary agencies, 4 being run by and one in conjunction with the British Red Cross Society.

The County Council has assisted these 7 Centres by an annual grant, and the work is carried out in co-operation with the Public Health Department. In addition, grants are made to 2 Centres outside the County, where Norfolk mothers attend.

The following table gives particulars of attendances at the Centres during the year :—

District.	Address of Centre.	Medical Officer.	No. of Sessions.	No. times Dr. present.	Attend- ance of Children.	Total Mothers & Children.	At Centres
<b>(1) Centres established by District Councils acting as Maternity &amp; Child Welfare Authorities.</b>							
NEW COSTESSEY	Mrs. Rix, Mill Road, New Cos- tessey	Dr. A. P. Agnew	12	12	183	314	
HINGHAM	Mrs. Batley, Market Place	Dr. A. P. Agnew	12	12	177	326	
WYMONDHAM	Labour Institute	Dr. A. P. Agnew	12	11	254	436	
SWAFFHAM	Chapel Rooms	Dr. R. O. Townend	12	12	117	190	
<b>(2) Centres established by Voluntary Associations.</b>							
BLOFIELD	Blofield Hall	Dr. J. D. McKelvie	23	21	371	636	3
HOLT	Church Hall	Drs. Hendrie & King alternately	22	22	173	320	5
KING'S LYNN†	St. James Park	Dr. E. M. Baker- Burton	50	50	2672	4673	3
SHERINGHAM	Sheringham	Dr. Linnell or Dr. Lawson	44	41	691	691	6
THETFORD	Old Malting Hse.	Dr. A. Oliver	24	24	424	796	33
WALSINGHAM	The New Hall	Dr. F. H. Sturdee	7	7	34	65	9
WOODBASTWICK	Woodbastwick Hall	Dr. Mills	12	9	128	229	19



District.	Address of Centre.	Medical Officer.	No. of Sessions.	No. times Dr. present.	Attendance of Children.	Total Mothers & Children.	Average Mothers & Children.
<b>) Centres established outside the Administrative County.</b>							
BECCLES	Beccles		51	49	1685	1722	34
WISBECH§	St. Augustine's Hall	Dr. H. L. Groom	51	39	*1320	†2724	53

These figures refer to the year ended 31st March, 1930.

\* Of these 165 were Norfolk Children.

Of these 30 Mothers and 31 Children from the County attended the Centre during the year.

† „ 337 „ „ Mothers & Children.

Of these 8 Mothers and 9 Children from the County attended the Centre during the year.

Several Centres have moved into fresh quarters during the year :—

The King's Lynn Centre, which occupied the " Friends' Meeting House," New Conduit Street, for many years, has moved to more commodious premises in St. James' Park, which were officially opened on December 5th, 1929.

The Blofield Centre, which met in the British Red Cross Hut, is now accommodated in the Village Hall, which is very pleasantly situated.

The British Red Cross Detachment at Sheringham has taken over a house for its activities and provided ample accommodation there for the Welfare Centre.

In addition, certain smaller Centres have been established by voluntary agencies, usually the local Nursing Association. These Centres are in the main weighing centres only, and are not assisted by grants from the County Council. They comprise :—

\* Alburgh, Attleborough, Bawdeswell, Brancaster, Buxton, Coltishall, \* Denton, Dereham East, Diss, Docking, Downham, \* Earsham, Gunton, Hunstanton, Kenninghall, Mulbarton, Raveningham, Redenhall, Shropham, Stoke Holy Cross, Thornage, Westacre, Woodton.

\* Run in conjunction with the British Red Cross Society.

During the year, arrangements were made for one of the Assistant Medical Officers to attend the Docking Centre monthly and give advice to mothers.

Several other applications for such provision have been received, and it is anticipated that this demand will increase in the future.

## GRANTS TO VOLUNTARY ASSOCIATIONS.

A scheme under Section 101 of the Local Government Act, 1929, for securing the payments by the Council of annual contributions towards the expenses of Voluntary Associations, providing Maternity and Child Welfare services in or for the benefit of the County, has been submitted to and approved by the Minister of Health. This scheme, which came into operation on April 1st, 1930, has been based upon the model scheme issued by the Ministry.

The annual contributions to be paid by the Council are as follows :—

(1) Name of Association.	(2) Service.	(3) Contribution.	(4) Maximum.
Norfolk Nursing Federation.	1.—P o s t Certificate course for Midwives and provision of tem- porary nurse midwife.	£25 per nurse taking course.	£ 150
	2.—Provision of mid- wives.	£30 for each nurse midwife newly appointed in the County, excluding temporary appointments.	900
	3.—I n f a n t Health Visiting.	2s. for each case visited from birth to school age.	875
	4.—Grants in aid of salaries and bonuses for long service.	£25 for each nurse serving in the County (this grant to be based on the average annual number of appointments made by Nursing Associa- tions).	3,250
	5.—Establishment of New Nursing Associations	An establishment grant of £50 per Association.	300
	6.—Administrative expenses of the Federation.	50 per cent. of (2).	150
	7.—Maternity or mid- wifery cases attended.	2s. 6d. each case.	250

(The last two items are in substitution for the grants hitherto paid by the Minister of Health.)

Name of Association,	Contribution.
	£
Blofield Infant Welfare Centre ... ..	25
Walsingham Infant Welfare Centre ... ..	6
Thetford Infant Welfare Centre ... ..	100
Woodbastwick Infant Welfare Centre ... ..	15
Holt Infant Welfare Centre ... ..	30
Sheringham Infant Welfare Centre ... ..	25

Associations not approved by Ministry of Health.

Wisbech and Walsoken Infant Welfare Centre ... ..	10
Merton Nursing Association for Infant Health Visiting ... ..	4
Brandon Nursing Association for Infant Health Visiting ... ..	1



**Supply of Milk to Necessitous Expectant and Nursing Mothers and to Children.**

The County Scheme is worked in conjunction with the following District Councils :—

RURAL.	Aylsham.
	Blofield
	Depwade
	Docking
	E. and W. Flegg
	Forehoe
	Henstead
	Mitford and Launditch
	Smallburgh
	Thetford
	Walsingham
URBAN.	Cromer
	E. Dereham
	Diss
	Sheringham
	Swaffham
	N. Walsham
	Wells

The County Medical Officer of Health receives and considers applications from residents in the districts where the district councils have not adopted the County scheme, and 144 certificates for 52 individuals were issued during the year in this respect.

**Dental Treatment for Necessitous Expectant and Nursing Mothers.**

This scheme was inaugurated in the latter part of 1926. Under its provisions, applicants were classified as follows :—

Class I.—	Total net income not exceeding 6s. per head per week.
Class II.—	„ „ „ between 6s. and 10s. „ „
Class III.—	„ „ „ exceeding 10s. „ „

The following inclusive scale contributions were required from the applicants for treatment and dentures :—

Class I.—	1s.
Class II.—	One-quarter of the cost.
Class III.—	As fixed by Committee.

In 1927 this scale was varied by charging in addition one-half the cost of the dentures.

As the scope of the scheme was affected materially the charge for dentures was reduced to the following during 1929 :—

Class I.—	One-sixth
Class II.—	One-third.
Class III.—	As fixed by Committee.

It is interesting to note how the scheme has developed :—

**Applications.**

	Class I.	Class II.	Class III.	Total.
1927	29	17	2	48
1928	42	15	2	59
1929	103	40	2	145



Number of cases in which treatment, exclusive of dentures, has been authorised and accepted.

	Class I.	Class II.	Class III.	Total.
1927	27	10	4	41
1928	26	11	1	38
1929	80	32	2	114

Number of cases in which dentures have been authorised.

1927	17	4	2	23
1928	11	4	—	15
1929	57	26	1	84

## ORTHOPÆDIC TREATMENT.

The following particulars respecting the Council's Scheme for the treatment of orthopædic defects refer only to those cases under school age which are treated by the Maternity and Child Welfare Committee. Particulars relating to tuberculous cases under 16 years of age for whose treatment the Tuberculosis Committee is responsible will be found on page 31. Information respecting the treatment during the past year of non-tuberculous crippling defects occurring in children between 5 and 16 years of age will be found in the report of the School Medical Officer.

### 1. Ascertainment.

One of the essentials in the treatment of orthopædic defects is that of early ascertainment. If such defects can be treated in their early stages, there is an infinitely greater prospect of deformities being cured and permanent benefit being derived than there is from the treatment of long-standing deformities with the many complications arising from the fact that in such instances the whole body has accommodated itself to whatever deformity there may be. A few weeks' treatment in the early stages of a defect in an infant may obviate months, and even years, of treatment later on in life should early treatment not be forthcoming. The treatment, therefore, being provided by the Maternity and Child Welfare Committee under this Scheme is thus relieving the Education Committee to a certain extent of a responsibility that would ultimately rest upon them. It will be seen that there is a great need for a system whereby defects in infants should be promptly notified to the County Medical Officer. During the year, the Health Visitors and District Nurses have been supplied with forms for this purpose, and this means of ascertainment has proved very satisfactory, babies with congenital deformities very often being notified within a few days of birth.

On receipt of these notification forms, in all cases which are considered suitable, the family doctor is communicated with as to whether he would like the child treated under the Scheme, and, if so, is requested to furnish short notes on the case. This procedure meets with the general approval of the practitioners of the County. Co-operation on these lines has been consistently maintained, and local doctors have been kept informed of the treatment being provided for their patients under the Council's Scheme.

General practitioners have also referred cases direct for treatment.

2. Clinics held by Orthopædic Surgeon.

Cases were examined at Inspection Clinics as follows :—

Centre.	No. of clinics.			Cases examined.		
Norwich	...	...	13	...	...	43
King's Lynn	...	...	3	...	...	28
Totals			16	71		

The number of cases examined by Mr. Bulman during 1929 is more than double that of 1928, when 29 cases only were seen. Of the 71 cases, 44 were new, the rest being re-examinations. These figures are an indication of the better ascertainment now being obtained.

Clinics are now held at Norwich and King's Lynn only. Cheap and adequate travelling facilities are now available, and Clinics at the two Centres can be more frequently and easily arranged than at other places in the County.

Treatment Clinics have not been established in the County, as most of the districts are so thinly populated that patients would have to travel considerable distances for treatment. Treatment is at present given in the children's homes by the Orthopædic Nurse, under the instructions of the Orthopædic Surgeon.

3. Institutional Treatment.

The institutional treatment provided under the Scheme has been as follows :—

Institution.	Receiving treatment 1st Jan., '29.	Admitted during year.	Discharged during year.	Receiving treatment 31st Dec., '29.	Awaiting admission 31st Dec., '29.
Jenny Lind Hospital, Norwich	1	15	10	6	1

The average length of stay was 7 weeks. Of the cases receiving treatment at the end of the year, one had 3 periods of treatment and another 2 periods of treatment during the year.

4. Supply of Surgical Apparatus.

The following were ordered during the year :—

Surgical boots and instruments	...	...	...	8
Surgical boots	...	...	...	2
Alterations to ordinary boots	...	...	...	1
Night splints	...	...	...	1
Hip splints	...	...	...	1
				13

In one case, the Maternity and Child Welfare Committee contributed to the Norfolk and Norwich Hospital one-half of the cost of boots and instruments recommended by one of their Surgeons.

At the end of the year, surgical appliances were being worn as under :—

Surgical boots and instruments	...	...	...	5
Surgical boots	...	...	...	2
Ordinary boots with wedges	...	...	...	13
Club foot shoes	...	...	...	1



5. Services of Orthopædic Nurse.

The services of Miss Kemp have been particularly valuable in connection with the treatment of children under school age. Several of the cases seen by the Orthopædic Surgeon were recommended strapping and plaster treatment at home. Such cases as these have necessitated visits each week or fortnight by the Nurse, over a considerable period, and have occupied a great deal of her time. Altogether, 696 visits were paid to Maternity and Child Welfare cases.

6. Cases on the Register.

At the end of the year there were 126 current cases on the register, as compared with 70 cases at the end of 1928. The former figure is made up of the following :—

Rickets	...	...	...	...	...	69
Congenital deformities	...	...	...	...	...	28
Infantile paralysis	...	...	...	...	...	4
Nervous diseases	...	...	...	...	...	8
Wry neck	...	...	...	...	...	2
Hip diseases (other than congenital)	...	...	...	...	...	1
Miscellaneous	...	...	...	...	...	14
						126

Of these cases, 55 have been examined by the Orthopædic Surgeon.

NURSING HOMES REGISTRATION ACT, 1927.

The Council has adopted the model Bye-laws of the Ministry of Health, and under Section 6 an exemption from registration has been granted to the West Norfolk and Lynn Hospital. All Homes which apply for registration are visited by the County Medical Officer, and, if found suitable, registered.

Printed registers on the loose leaf principle provided with stiff binders and pages bearing a serial number, together with printed receipt books and a copy of the Bye-laws, are then issued. The Homes are re-visited periodically, the Inspecting Officers being the County Medical Officer, the Senior Assistant Medical Officer, and the Inspector of Midwives.

The Nursing Homes registered at the end of the year may be classified as follows :—

Person in Charge.				
Cottage Hospitals.	Private Institutions.			
	Medical Practitioner	Trained Nurse	Midwife	Untrained
7	1	4	6	1

It will be seen that there are 7 registered Cottage Hospitals. All of these have excellent operating theatres, 3 have an X-ray installation, and one is also equipped with ultra-violet light apparatus.

The remaining Homes vary considerably according to the type of patient admitted. Each case is considered on its merits, and advice given regarding its suitability for any particular type of patient.



## TUBERCULOSIS.

### Notifications under the Public Health (Tuberculosis) Regulations, 1912 :

During the year 344 notifications of pulmonary tuberculosis were received (331 being primary notifications) ; the number of deaths from this disease in the same period being 197.

The following table gives the age and sex distribution of the primary cases notified, together with the number of deaths :—

Age Periods.	Notifications.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1 ... ..	nil	nil	2	nil	nil	nil	2	2
1 to 5 ... ..	1	1	14	12	1	nil	7	2
5 to 10 ... ..	19	23	28	19	3	1	3	6
10 to 15 ... ..	9	6	20	10				
15 to 20 ... ..	11	17	9	9	13	28	5	5
20 to 25 ... ..	21	24	5	11				
25 to 35 ... ..	33	43	4	9	45	39	2	2
35 to 45 ... ..	24	33	8	1				
45 to 55 ... ..	16	18	2	1	36	14	3	7
55 to 65 ... ..	10	10	1	2				
65 & upwards ...	5	7	4	1	7	10	1	1
Totals ... ..	149	182	97	75	105	92	23	25
	331		172		197		48	

The case rate per 1,000 population was 1·02 for pulmonary tuberculosis, and 0·53 for non-pulmonary compared with 0·93 and 0·39 respectively in 1928.

The death-rates per 1,000 population from pulmonary tuberculosis at certain ages were as follows :—

	Male.	Female.
Under 15 years ... ..	0·01	0·003
Over 15 years ... ..	0·31	0·28

The much needed work of checking the District Notification Registers with both the Central Register and the Tuberculosis Dispensary records, which had been commenced towards the end of 1928, was completed during the year. This involved going through each of the 32 District Registers and comparing them in detail with the whole of the available records at the Central Office. During the course of this investigation, which was greatly facilitated by the co-operation of the District Medical Officers of Health, a very considerable number of discrepancies were discovered and adjusted. The District Registers have thus been brought into complete agreement with the Central Register, and by the systematic weekly and quarterly checking of additions and removals it is hoped that this highly satisfactory condition of affairs will be maintained in future.

A comparative analysis of the work done by Norfolk and other Counties during 1928 in connection with the treatment of Tuberculosis, as shown by the Memorandum issued early this year by the Ministry of Health, is given on pages 42 and 43.

As in the previous year, the Norfolk figures indicate close co-operation between the General Practitioners and the Tuberculosis Officers. For example : Item (a)—Number of cases on the Dispensary Register per 100 on the Notification Register.

„ (b)—Number of new cases examined during the year per 100 deaths from Tuberculosis.

Item (d)—Number of sputum examinations.

„ (f)—Number of consultations with the Doctors at the patients' homes or otherwise.

The very high figure for home visits by the Tuberculosis Officers—Item (g)—is again accounted for by the fact that there are only two Dispensaries in Norfolk.

In three of the items, the Norfolk figures remain low, namely :—

Item (c)—Number of “ contacts ” examined. This is partly due to variations in classification. It is anticipated that the figure for 1929 will show an increase.

„ (e)—Number of X-ray examinations. This number has been found to be sufficient hitherto.

„ (h)—Home visits by Nurses. The Norfolk figure refers only to the visits of the District Nurses in special cases where their services were required.

There are at present no whole-time Health Visitors for tuberculous patients. Most of the visiting is done by some 200 voluntary visitors, and had their work been included, this would have meant a big increase in the Norfolk figure.

With regard to Institutional Treatment, Norfolk had 79 beds available per 100 deaths from Tuberculosis as compared with 74 the previous year. This excellent position might have been still further improved if all the necessary accommodation could have been provided within the County. Lack of such accommodation accounts for the figure for advanced cases being low as compared with the general average.

The percentage of pulmonary patients who stayed in Institutions more than six months is again high. This does not necessarily mean that the disease was more severe in those cases, but it indicates that treatment was given as long as was required, and that the patients generally were willing to stay for long periods. Further, an important factor which leads to a longer stay than is generally necessary in some cases, is the unsatisfactory housing conditions to which the patients would have to return.

With regard to the classification of cases on admission, the figures for Class T.B.—(no tubercle bacilli in sputum), and Class T.B.+ (tubercle bacilli in sputum), Group I (early), are still high, whilst Group II (intermediate) is about the average for the country and Group III (advanced) is low. Here again, a tribute must be paid to the close co-operation between the General Practitioners and the Tuberculosis Officers, which enables so many cases to be examined before the disease has got beyond the early stage.

The number of gland cases is considerably above the average. This is no doubt partly due to the differences in interpretation of the Ministry's method of classification, which, particularly in the case of children, is not considered very satisfactory.

In general, the figures appear to indicate that our present Scheme is being utilised to its fullest capacity. This is confirmed by the Table on pages 44 and 45 giving details of the work done by the Tuberculosis Officers during 1929.

The total number of new cases (including “ contacts ”) shown by this Table as having been definitely diagnosed as Tuberculous represents a decrease of 13 (from 392 to 379) as compared with the previous year. Adult male pulmonary cases decreased from 104 to 87, females increased from 122 to 124, whilst children decreased from 53 to 40. On the other hand non-pulmonary adult males increased from 15 to 28, females from 22 to 24, whilst children remained the same (76).



There was a total of 1,966 cases on the Dispensary Register at the end of the year as compared with 1,979 at the beginning—a decrease of 13. This is the first year since the Council's Tuberculosis Scheme came into operation that a decrease has been registered. It is mainly accounted for by the fact that an exceptionally large number of cases (195 as compared with 29 during the previous year) were removed from the Register as "cured," the Ministry's prescribed period of 5 years arrest of the disease in pulmonary cases and 3 years in non-pulmonary cases having been completed. In addition, the number of cases removed from the Register as non-Tuberculous after the necessary period of observation, showed a large increase (368 as compared with 229 in the previous year).

There was a shortage of male institutional cases towards the latter end of the year, and this was mainly responsible for the average number of patients treated, as shown in Table A on page 41, being only 176 as compared with 187 in the previous year. There was also a comparatively large increase in the number of deaths at Institutions, namely 34, as compared with 21 in the previous year.

The pressing need for adequate accommodation within the County for advanced pulmonary and surgical cases has not yet been met. With the taking over of the Stanninghall Estate by the County Council, it is hoped that the scheme for the treatment of these two groups of cases will be developed rapidly. When this scheme comes into full operation, the Council will no longer be entirely dependent, as at present, on occasional and infrequent vacancies at Institutions; the majority of which are at long distances from Norfolk, and involve considerable expense in connection with transport.

#### **P.H. (Prevention of Tuberculosis) Regulations, 1925.**

#### **P.H. Act, 1925, Section 62.**

It was not necessary to take any action during the year.

### **ORTHOPÆDIC TREATMENT.**

#### **1. Ascertainment.**

Under the Public Health (Tuberculosis) Regulations, 1912, it is the duty of medical practitioners (including Medical Officers of Poor Law Institutions and Hospitals) to notify to the respective District Medical Officers of Health, all cases of tuberculosis coming to their notice, unless they have reasonable grounds for assuming that any particular case has been previously notified. Under the same Act it is the duty of District Medical Officers of Health to send at the end of each week—in the case of Norfolk to the County Medical Officer—particulars of all cases notified by medical practitioners. Immediately these weekly statements of notifications are received, the notifying practitioners are communicated with respecting the provision of treatment, unless such cases have previously come to notice otherwise than by notification to the District Medical Officers of Health. Detailed reports are furnished by the practitioners to assist the Tuberculosis Officers in the diagnosis and treatment of the various cases. In many cases the practitioner desires the opinion of one of the Tuberculosis Officers before notifying a case, and it is in this way that most cases come to notice. Cases are also brought to light in the course of the medical inspection of schools by the Assistant Medical Officers.

#### **2. Examination by the Orthopædic Surgeon.**

In most cases the Tuberculosis Officers can define the treatment necessary, and thus it is not very often that tuberculous cases call for examination by the Orthopædic Surgeon. Only 4 cases were examined during the period under review, 2 at Norwich, 1 at King's Lynn, and 1 at the patient's home. All cases



are kept under observation by the Tuberculosis Officers and are either visited periodically at the patients' homes or called up to the Norwich or King's Lynn Dispensaries for examination.

3. Institutional Treatment.

The following table indicates the institutional treatment provided during the year :—

Tuberculous Cases—Institutional Treatment.	INSTITUTIONS.								Total.
	Jenny Lind Hospital.	Norfolk & Norwich Hospital.	Beccles Hospital.	St. Vincent's Hosp, Eastcote, Middlesex.	Trelgar Hospital, Alton, Hants.	Pyrford Hospital, Surrey.	Bury & West Suffolk Hospital.	West Norfolk & Lynn Hospital.	
Inmates, 1st January, 1929	†1	—	—	—	2	5	—	—	8
Admitted during year	3	‡1	§4	1	—	9	1	2	21
Taken over from Education Committee	1	—	—	—	—	—	—	—	1
Discharged during year	3	1	2	—	1	5	—	2	*14
Died	—	—	—	—	—	2	—	—	2
Diagnosed non-tuberculous and taken over by Education Committee	—	—	—	—	—	—	—	—	1
Receiving treatment 31st December, 1929	2	—	—	—	—	—	—	—	13

† This child had 3 separate periods of treatment during the year.

‡ This case was subsequently transferred to Pyrford and is included in Pyrford admissions.

§ One of these cases was transferred to Pyrford.

|| One of these cases was transferred to Pyrford and the other to Beccles.

\* This figure includes 4 cases, 1 from Beccles and 3 from Pyrford, who were discharged because conditions were diagnosed as non-tuberculous. It also includes 4 cases transferred to other institutions.

4. Supply of Surgical Apparatus.

During the year, 20 orders were given for surgical apparatus as follows :—

Spinal supports	...	...	...	...	...	...	...	8
Surgical boots	...	...	...	...	...	...	...	3
Hip splints	...	...	...	...	...	...	...	2
Calipers	...	...	...	...	...	...	...	2
Crutches	...	...	...	...	...	...	...	2
Repairs to crutches	...	...	...	...	...	...	...	2
Cork raising ordinary boots	...	...	...	...	...	...	...	1

In those cases requiring spinal supports and hip splints, plaster casts are now generally taken by the Orthopædic Nurse and the appliances supplied, using the casts as patterns, by the Derwen Cripples' Training College, Oswestry, Shropshire. The appliances supplied are of excellent pattern and have proved very satisfactory.

At the end of the year, 22 children were using surgical apparatus as under :—

Spinal supports	...	...	...	...	...	...	10
Hip splints and crutches	...	...	...	...	...	...	4
Hip splints	...	...	...	...	...	...	2
Surgical boots	...	...	...	...	...	...	2
Surgical boots and crutches	...	...	...	...	...	...	2
Calipers	...	...	...	...	...	...	1
Crutches	...	...	...	...	...	...	1
							—
							22
							—

### 5. Services of Orthopædic Nurse.

Miss Kemp has been of great assistance in co-operating with the Tuberculosis Officers in the treatment of the tuberculous cases, especially in connection with the provision and the adjustment of surgical apparatus. Although some of the cases do not need visiting very frequently, Miss Kemp paid 109 visits during the year.

### 6. Cases on the Register.

There were 59 current cases on the register at the end of the year as follows :—

Localisation.	Number.
Spine ... ..	19
Hip ... ..	17
Knee ... ..	6
Ankle ... ..	5
Finger ... ..	4
Elbow ... ..	2
Arm ... ..	1
Shoulder ... ..	1
Thigh ... ..	1
Sacro-iliac joint ... ..	1
Multiple ... ..	1
Amputation of leg ... ..	1
	—
	59
	—

### VENEREAL DISEASES.

Clinics were held throughout the year at the Norfolk and Norwich Hospital and the Lynn and West Norfolk Hospital.

One hundred and eighty-five new patients from the Administrative County were treated during the year 1929 :—

Clinic.	Syphilis.	Gonorrhœa.	Other than V.D.	Soft Chancre.	Total.
Norfolk and Norwich Hospital	...	33	54	18	105
Lynn and West Norfolk Hospital	...	23	53	4	80

This is an increase of 55 cases compared with 1928 ; 51 of these being at the Lynn Clinic.

The total number of attendances during 1929 was 2,229 at Norwich and 909 at Lynn. There were also 83 in-patient days at the Norfolk and Norwich Hospital. At Norwich the attendances decreased by 96 compared with those in 1928, whilst at Lynn they increased by 515. There was also an increase of 56 in the number of in-patient days. Pathological examinations were made at the two Hospitals as follows :—

Nature of Test.	Norwich.		Lynn.	Total.
	For Clinic.	For Practitioners.		
For Wasserman reaction	188	261	—	449
For Spirochetes	10	1	3	14
For Gonococci	186	102	6	294
Other examinations	7	3	—	10
Total	391	367	9	767
	758			

SALE OF FOODS AND DRUGS ACTS.

Public Health (Preservatives, etc., in Food) Regulations, 1927.

The two Inspectors of Weights and Measures act as part-time Sampling Officers, the examinations being undertaken by the County Analyst.

During the year 665 formal samples and 2 informal samples were submitted to the Analyst ; of these 75 and 0 respectively were found to be adulterated.

The following table gives particulars of the articles submitted and the action taken by the Council :—

Article.	No. of samples examined.	No. found genuine.	No. adulterated.	Action taken. Prosecution ordered.	Cau- tioned
Milk	456	386	70	23	25.
Butter	75	75			
Cream	10	10			
Condensed milk	1	1			
Evaporated milk	4	4			
Condensed full cream milk	1	1			
Condensed machine skimmed milk	2	2			
Separated milk	2	—	2	2	
Tinned cream	6	6			
Lard	2	2			
Sausages	4	4			
Luncheon sausage	1	1			
Spiced beef and tongue	2	2			
Pork cheese	1	1			
Meat paste	6	6			
Shredded suet	11	11			
Shredded beef suet	1	—	1	—	11
Mincemeat	3	3			
Lemon cheese	2	2			
Lemon curd	2	2			
Full cream cheese	1	1			
Jams	3	3			
Marmalades	2	2			
Cocoa	3	3			
White pepper	4	4			
Vinegar	7	7			



Article.			No. of samples examined.	No. found genuine.	No. adulter- ated.	Action taken.	
						Prosecution ordered.	Cau- tioned.
Sponge mixture	...	...	1	1			
Sponge cake	...	...	1	1			
Sponge sandwich	...	...	1	1			
Sponge loaf	...	...	1	1			
Flour	...	...	1	1			
Cake flour	...	...	1	1			
Orange cake	...	...	1	1			
Butter cream sandwich	...	...	2	1	1	1	
Butter macaroons	...	...	1	1			
Baking powder	...	...	8	8			
Custard powder	...	...	3	3			
Curry powder	...	...	1	1			
Egg powder	...	...	1	—	1	1	
Rice	...	...	1	1			
Milk pudding mixture	...	...	1	1			
Ground ginger	...	...	1	1			
Honey	...	...	1	1			
Swiss roll	...	...	1	1			
Ice cream	...	...	1	1			
Crab meat	...	...	1	1			
Yeast	...	...	1	1			
Bramble and apple jelly	...	...	1	1			
Dried peas	...	...	3	3			
Boric acid powder	...	...	1	1			
Pure coffee	...	...	1	1			
Cocoanut ice	...	...	1	1			
Extract of malt and cod liver oil	...	...	1	1			
Peppermint and herbs tonic	...	...	1	1			
Wines (non-alcoholic)	...	...	7	7			
Rum	...	...	1	1			
Whisky	...	...	5	5			
Syrup of figs	...	...	1	1			
Golden syrup	...	...	1	1			
Total ...			667	592	75	27	26

### Artificial Cream Act, 1929.

The two Inspectors have been appointed to act as Sampling Officers.

### MILK AND DAIRIES (Consolidation) ACT, 1915, and THE MILK AND DAIRIES ORDER, 1926.

During the year a number of cowsheds have been visited by the County Medical Officer, and it was evident that on the whole progress has been made in meeting the requirements of the above-named Order, although there still remains much to be done. Speaking generally, attention is being paid to secure cleaner milk—milkers wash their hands before and during milking; many wear proper overalls; cows' udders are wiped and their flanks groomed when necessary. Much of the credit for this is due to the efforts of the Sanitary Inspectors who, by constant visiting, have persuaded cow-keepers to undertake greater care and also to improve their buildings. Practically all the cowsheds which were seen had either tiled or cemented floors with proper channels. Many had low mangers, while some had automatic drinking fountains. It was evident that attention was also being paid to keeping the sheds clean.

Unfortunately, in most cases, the efforts stopped here, with the result that the cows had to pass through a muddy wet yard before entering the cow-house. In this yard is placed the manure from the sheds and this, of course, helps to make the place so wet. These yards in the warm weather are potential breeding places for flies. Much improvement would be effected if farmers would have the refuse to be removed from the sheds loaded straight away into an old tumbril and carried to a spot some distance from the cowshed.

The Clean Milk Competition which has now been organised for two years in the County has undoubtedly aroused considerable interest, and the winner in 1929 attributes his success not to the provision of new and expensive equipment, but to the unremitting daily care on the part of those concerned in the production of the milk.

Number of producers of " Certified " milk	...	...	...	...	3
Number of producers of " Grade A (T.T.) "	...	...	...	...	1
Number of producers of " Grade A "	...	...	...	...	2

Notifications were received during the year from the following Authorities that tubercle bacilli had been found in milk stated to have been supplied from farms in the Administrative County :—

Authority.	No. of Notifications.
Norwich Municipal Borough Council	13

The following procedure was adopted :

I visited the farms with the Veterinary Surgeons and a representative of the Local Authority. The cows were examined by the Veterinary Surgeon and, in the case of a large herd, divided into groups of approximately ten animals per group. A sample was taken from the four quarters of each cow and a specimen of mixed milk of the group sent to the Lister Institute or the Cambridge Laboratories for biological examination. In the event of a group sample proving positive or doubtful, further samples were taken from each cow in the group and again submitted to the biological test. Altogether ninety-two samples of milk were taken ; this resulted in four cows being proved to be definitely giving tuberculous milk. Three of these cows were slaughtered under the provisions of the Tuberculosis Order, 1925. In the case of the fourth cow the group sample was positive but before the result of the individual samples was received the cow had been sold. I understand it was slaughtered shortly afterwards.

### LABORATORY.

The following specimens have been submitted for examination during the year ended 31st December, 1929 :—

	Totals.	Positive	Negative.	Suspicious
Swabs for diphtheria bacilli	2574	349	2162	63
Sputum for tubercle bacilli	1181	352	809	
Blood for widal	59			
Urine for tubercle bacilli	25			
Urine (various)	19			
Fæces for typhoid	12			
Fæces (various)	12			
Fæces for tubercle bacilli	1			
Blood counts	7			
Pus for tubercle bacilli	6			
Hairs for ringworm	3			
Sputum for organisms	8			
Tuberculin ointment prepared	79			
Tuberculin dilutions prepared	19			
Vaccines prepared	4			
Smears for G.C.	10			



Cerebro-spinal fluid	...	...	...	8
Specimens of water	...	...	...	104
Milk for tubercle bacilli	...	...	...	3
Miscellaneous specimens	...	...	...	16

The arrangements and charges for these examinations were outlined in the Annual Report for 1924.

### **MINISTRY OF HEALTH INQUIRIES.**

Ministry of Health inquiries regarding applications for loans, etc., in connection with matters affecting the Public Health of the County have been held as follows since 1st January, 1929 :—

Authority.	Date.	Place.	Purpose of Inquiry.	Amount of loan applied for.
Wayland R.D.	16th January	Watton	Sewerage	£700

### **SPECIAL ENQUIRIES.**

During the year an enquiry was held into the sanitary circumstances of the Wells Urban district, and a report was submitted to the Public Health Committee on September 11th. Particulars of this and of other County districts will be included in the Survey Report next year.

In October a report was received from the Medical Officer of Health for the Downham Rural District that apparently pollution of the Great Ouse river was causing the death of an enormous number of fish and this was constituting a serious nuisance. The County Medical Officer visited the district, and after considering his report, the Public Health Committee decided to recommend the County Council to authorise such steps to be taken under the Rivers Pollution Prevention Acts as might be necessary.

### **HOUSING.**

The Table on page 48 gives particulars of houses built and other action taken by District Councils.

It has not yet been possible to attempt a review of the housing conditions, but if some houses inspected are common to most districts, then there is still an urgent need for many more houses.

### **Closing Orders.**

Copies of 33 closing orders and 7 demolition orders in accordance with Sub-Section (I) of Section II of the Housing Act, 1925, were received.

### **BLIND PERSONS ACT, 1920.**

#### **Register.**

The Register on December 31st contained the names of 451 blind persons compared with 416 on the corresponding date last year.

A medical report is always obtained before a blind person is registered. In the majority of cases arrangements are made for examination by an Ophthalmic Surgeon. In those cases where the reported blind person is unable to travel, arrangements are made either for a report by a local Medical Practitioner, or by a member of the Council's whole-time medical staff. 66 cases were examined during the year by the Ophthalmic Surgeons and in 18, spectacles were provided. The Council's scheme also provides for in-patient treatment in the Eye Department of the Norfolk and Norwich Hospital when necessary.

#### **Training.**

The County Council have arrangements with the Royal School for the Blind, Leatherhead, and the Norwich Institution for the Blind, for taking trainees over the age of 16. Blind children of school age are sent by the Education Committee to the East Anglian School for the Blind, Gorleston. During the year 5 cases were being trained at Leatherhead, 7 at Norwich, and 13 at the Gorleston School.

**Provision of Embossed Literature.**

The County Council has arranged for persons to be supplied with embossed literature from the National Library for the Blind, and the cost of the postages incurred is paid.

**Home Teaching and Visiting.**

Both the Home Teacher and the Assistant hold the Certificate of the College and Association of Teachers of the Blind.

Towards the end of the year the Committee approved of a scheme for re-organising the work of the Home Teachers and Visitors. The county was divided into two parts and an area allocated to each officer, who both now devote practically the whole of their time to home visiting and teaching, whereas previously they undertook much of the office work connected with the administration of the Blind Persons' Act. This is now done by the general office staff. 1,257 visits were paid to blind persons during the year, but this number should be increased considerably next year. At the end of the year blind persons were receiving instruction in embossed reading (braille 4, moon 8), knitting (5), cane and rush chair seating (3), basketry (1), rug-work (1), and hearthrug-making (3).

**Employable Blind.**

Thirteen Home Workers have been registered. These include hand and machine knitters, basket-makers, chair seaters, a piano-tuner, a boot-repairer and a brush-maker. Weekly earnings are augmented, and National Health Insurance Contributions paid, whilst the carriage on all goods sent for sale and materials are refunded. The blind piano-tuner has a contract with the Norfolk Education Committee, whilst the brush-maker supplies scavenger brushes to the County Surveyor. In addition to this there are 41 blind pastime workers who have been engaged in hearthrug-making, hand-knitting, bead-work, chair-caning, straw-basket-making, carpentry, rabbit and poultry keeping, gardening, netting and twine-making, tea-agency and newspaper-selling. A member of the Guild for Promotion of Gardening Amongst the Blind gained two first prizes for flowers at the North of England Horticultural Society's Show at Harrogate.

**Maintenance Allowances.**

At the end of the year 39 persons were receiving maintenance allowances from the County Council, ranging from 3/6 to £1 per week.

**Prevention of Blindness.**

The County Council has exercised its powers under Section 66 of the Public Health Act, 1925, in arranging for examination and, when necessary, treatment of persons suffering from disease of or injury to the eyes.

**Distribution of Blind Persons according to Age Period  
on December, 1929.**

	0—4	5—15	16—19	20—29	30—39	40—49	50—59	60—69	70 +	Unknown	Total
M.	0	14	5	13	21	27	31	62	74	6	253
F.	2	6	2	9	15	11	23	51	75	4	198
Total	2	20	7	22	36	38	54	113	149	10	451



## \* INFANTILE STATISTICS, 1929.

Sanitary District	Estimated Population.	Total Births.*	Birth Rate	Deaths under 1 year.	Infantile Death Rate.
<i>Rural.</i>					
Aylsham ... ..	16400	262	15·98	12	45·80
Blofield ... ..	13910	201	14·45	13	64·68
Depwade ... ..	18240	267	14·64	13	48·69
Docking ... ..	16650	278	16·70	12	43·17
Downham ... ..	14920	281	18·83	20	71·17
Erpingham ... ..	17750	230	12·96	12	52·17
Flegg, E. & W. ...	10490	163	15·54	14	85·89
Forehoe .. ...	12640	209	16·53	10	47·85
Freebridge Lynn ...	12060	188	15·59	8	42·55
Henstead ... ..	10640	167	15·70	14	83·83
Loddon & Clavering	12180	200	16·42	12	60·00
Lynn, West ... ..	913	13	14·24	—	—
Marshland ... ..	14680	267	18·19	21	78·65
Mitford & Launditch	17360	237	13·65	14	59·07
St. Faith's ... ..	13420	199	14·83	10	50·02
Smallburgh .. ...	14170	214	15·10	19	88·79
Swaffham ... ..	6916	117	16·90	7	59·83
Thetford ... ..	9211	186	20·19	11	59·14
Walsingham ... ..	15940	261	16·37	10	38·31
Wayland ... ..	12980	186	14·33	10	53·76
Total	261470	4126	15·78	242	58·65
<i>Urban.</i>					
Cromer ... ..	4303	40	9·3	—	—
East Dereham ... ..	5515	71	12·87	2	28·17
Diss ... ..	3439	49	14·25	6	122·45
Downham ... ..	2452	48	19·57	2	41·67
Hunstanton ... ..	3848	21	5·46	2	95·24
Sheringham ... ..	4126	53	12·85	3	56·60
Swaffham ... ..	2718	39	14·35	1	25·64
North Walsham ... ..	4303	51	11·85	3	58·82
Walsoken ... ..	3849	59	15·33	5	84·75
Wells-next-Sea ... ..	2713	33	12·16	1	30·30
King's Lynn, M.B. ...	20160	319	15·82	29	90·91
Thetford, M.B. ..	4363	58	13·29	2	34·48
Total	61790	841	13·61	56	66·59
Total for Administra- tive County ... ..	323260	4967	15·40	298	59·996

\* Birth and Death Rates are based on the Registrar General's estimated populations for respective purposes.

# CAUSES OF AND AGES AT DEATH IN 1929 IN THE ADMINISTRATIVE COUNTY OF NORFOLK.

CAUSES OF DEATH.	AGES—0	YEARS								ALL AGES
		1	2	5	15	25	45	65	75	
Enteric Fever ...	—	—	—	—	—	—	2	—	—	2
Smallpox ...	—	—	—	—	—	—	—	—	—	—
Measles ...	1	—	—	—	—	—	—	—	—	1
Scarlet Fever ...	—	—	—	2	—	1	—	—	—	3
Whooping Cough ...	15	11	6	—	—	—	—	—	—	32
Diphtheria ...	1	1	5	14	—	—	—	—	—	21
Influenza ...	9	5	6	—	7	26	49	70	90	262
Encephalitis lethargica	—	—	—	—	1	1	5	1	—	8
Meningococcal meningitis	—	—	—	—	—	—	—	—	—	—
Tuberculosis of the respiratory system ...	—	—	1	4	41	84	50	13	4	197
Other tuberculous diseases	4	5	4	9	10	4	10	2	—	48
Cancer, malignant disease	—	—	1	1	4	30	186	175	143	540
Rheumatic fever ...	—	—	—	6	2	1	1	1	—	11
Diabetes ...	—	—	—	4	2	2	17	18	14	57
Cerebral hæmorrhage, etc.	—	—	—	—	—	2	46	78	136	262
Heart Disease ...	—	—	—	2	2	25	116	231	396	772
Arterio-sclerosis ...	—	—	—	—	—	2	27	58	169	256
Bronchitis ...	15	1	2	—	1	3	15	40	136	213
Pneumonia (all forms) ...	35	21	11	4	4	25	28	37	49	214
Other respiratory diseases	—	2	1	2	4	6	10	9	12	46
Ulcer of stomach or duodenum ...	—	—	—	—	2	7	16	6	2	33
Diarrhœa, etc. ...	13	2	—	—	1	1	2	3	5	27
Appendicitis and Typhlitis... ..	—	—	3	3	3	3	5	7	1	25
Cirrhosis of liver ...	—	—	—	—	—	—	7	5	—	12
Acute and chronic nephritis ...	1	—	—	1	2	6	36	40	29	115
Puerperal sepsis ...	—	—	—	—	2	6	—	—	—	8
Other accidents and diseases of pregnancy and parturition ...	—	—	—	—	2	12	—	—	—	14
Congenital debility and malformation, premature birth ...	142	2	—	1	1	—	—	—	—	146
Suicide ...	—	—	—	—	1	17	16	3	1	38
Other deaths from violence ...	7	2	4	15	17	28	23	17	23	136
Other defined diseases ...	53	9	7	19	25	44	126	153	379	815
Causes ill-defined or unknown ...	2	—	—	1	1	—	10	7	1	22
ALL CAUSES ...	298	61	51	88	135	336	803	974	1590	4336



# TUBERCULOSIS SCHEME of the Norfolk County Council.

## RESIDENTIAL INSTITUTIONS.

### (A) AVERAGE NUMBER OF BEDS AVAILABLE FOR PATIENTS DURING THE YEAR 1929.

	Observa- tion.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total.
		"Sana- torium" Beds.	"Hospital" Beds.	Disease of Bones and Joints.	Other Conditions.	
Adult Males	... 1	59	3	6	1	70
Adult Females	... —	42	2	3	2	49
Children under 15	... 2	34	—	9	12	57
Total	... 3	135	5	18	15	176

### (B) RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT DURING THE YEAR 1929.

			In Insti- tutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Insti- tutions.	In Insti- tutions on Dec. 31.	
Number of Patients	{	Adults	M.	79	*105	101	19	64
		Adults	F.	46	101	99	11	37
		Children	M.	36	44	54	3	23
		Children	F.	27	33	29	1	30
No. of Observation Cases	{	Adults	M.	1	4	5	—	—
		Adults	F.	—	1	1	—	—
		Children	M.	1	3	4	—	—
		Children	F.	—	8	6	—	2
Total			190	299	299	34	156	

\* In addition, there were 4 admissions for artificial pneumo-thorax.

# TREATMENT OF TUBERCULOSIS.

*Extract from the Ministry's Memo. 131 B/T, showing Comparative Analysis of work done by Norfolk and other Counties with approximately the same population, during the year 1928.*

	Norfolk.	Yorks (N).	Cornwall.	Worcester-shire.	All County Councils (excluding London).
<b>From Registrar General's Statistical Review.</b>					
Estimated Mid-year civilian population	322,300	317,300	317,800	306,700	19,915,240
Death rate from Pulmy. Tub. per million population	546	637	796	675	619
Death rate from Tub. (all forms) per million population	732	838	1,032	814	788
<b>From Notification Registers.</b>					
Total No. of new cases of Tub. recorded during year	200	202	112	225	212
Tub. deaths	...	...	...	...	...
<b>From Returns relating to Dispensary Work.</b>					
(1) <i>Cases on Dispensary Register.</i>					
(a) No. of cases of Tub. on Dispy. Register on 31st Dec. per 100 on Notification Register	78	54	42	79	61
(b) No. of "new cases" examd. by T.O.'s. during the year per 100 deaths from Tub.	251	225	168	210	288
(c) No. of "contacts" examd. by T.O's. during the year per 100 deaths from Tub.	30	87	39	184	128
(d) No. of sputum exams. per 100 "new cases" and "contacts" examd.	129	11	53	30	53
(e) No. of X-ray exams. per 100 "new cases" and "contacts" examd.	13	0.7	15	8	20
(f) No. of consultations (at Homes or otherwise) per 100 deaths from Tub.	409	165	276	200	304
(g) No. of other Home visits by T.O's. per 100 deaths from Tub.	1259	129	160	804	268



the No. of Home visits by Nurses or full-time Health Visitors per 100 patients on the Dispy. Register on 31st Dec. (the Norfolk figures do not include the visits of some 200 Voluntary Visitors) ...

78 161 321 695 346

(2) Residential Treatment.

(a) All Forms of Tuberculosis.

Average No. of beds available per 100 Tub. deaths  
Total No. of patients treated, i.e., excluding  
observation cases, per 100 Tub. deaths ...  
Percentage of all patients treated who were  
pulmonary cases ...

79 44 21 48 59  
133 79 47 118 110  
75.5 74.6 82.3 77.8 81.9

(b) Pulmonary Tuberculosis.

Percentage of pulmonary patients who stayed  
6 months ...  
Percentage of pulmonary patients who were adults  
Percentage of pulmonary patients who were  
classified on admission as:—

42.6 37.8 19.1 12.6 29.7  
81.4 72.4 93.7 92.2 87.9

Class T.B. — (no tub. bacilli in sputum) ...  
Class T.B. + (tub. bacilli present in sputum)  
Group I. (early disease) ...  
Group II. (intermediate) ...  
Group III. (advanced disease) ...

50.2 67.3 34.1 39.8 41.0  
13.5 16.0 4.8 11.7 11.1  
25.3 16.7 50.0 35.9 28.4  
11.0 — 11.1 12.6 19.5

(c) Non-Pulmonary Tuberculosis.

Percentage of non-pulmonary patients who were  
children ...  
Percentage of non-pulmonary patients classified  
on admission as suffering from Tub. of the

70.1 47.2 48.2 47.0 57.8

Bones and Joints ...  
Abdomen ...  
Peripheral Glands ...

42.8 64.1 63.0 63.6 53.0  
13.0 3.8 — 13.6 16.6  
39.0 18.9 29.6 16.7 22.6

# TUBERCULOSIS SCHEME of the Norfolk County Council.

Return showing the work of the Dispensaries during the year 1929.

DIAGNOSIS.	PULMONARY			NON-PULMONARY.			TOTAL.		
	Adults.		Children.	Adults.		Children.	Adults.		Children.
	M.	F.	M. F.	M.	F.	M. F.	M.	F.	M. F.
A.—NEW CASES examined during the year (excluding contacts):—									
*(a) Definitely tuberculous	85	112	17 18	28	24	45 24	113	136	62 42
(b) Doubtfully tuberculous	—	—	—	—	—	—	26	20	38 44
(c) Non-tuberculous	—	—	—	—	—	—	37	52	21 31
B.—CONTACTS examined during the year:—									
(a) Definitely tuberculous	2	12	3 2	—	—	1 6	2	12	4 8
(b) Doubtfully tuberculous	—	—	—	—	—	—	3	1	12 29
(c) Non-tuberculous	—	—	—	—	—	—	8	8	37 44
C.—CASES written off the Dispensary Register as									
(a) Cured	60	45	4 5	26	23	19 13	86	68	23 18
(b) Diagnosis not confirmed or non-tuber- culous (including cancellation of cases notified in error)	—	—	—	—	—	—	66	88	96 118
D.—NUMBER OF PERSONS on Dispensary Register on December 31st:—									
(a) Diagnosis completed	508	502	141 114	116	99	202 151	624	601	343 265
(b) Diagnosis not completed	—	—	—	—	—	—	14	15	54 50

\* Includes 5 cases previously removed from the Register as "cured".



1	Number of persons on Dispensary Register on January 1st ...	...	...	...	1979
2.	Number of patients transferred from other areas and of "lost sight of" cases returned	...	...	...	27
3.	Number of patients transferred to other areas and cases "lost sight of"	...	...	...	111
4.	Died during the year ...	...	...	...	156
5.	Number of observation cases under A and B above in which period of observation exceeded 2 months	...	...	...	98
6.	Number of attendances at the Dispensary (including Contacts)	...	...	...	1274
7.	Number of attendances of non-pulmonary cases at Orthopaedic Outstations for treatment or supervision	...	...	...	—
8.	Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for	...	...	...	644
	(a) "Light" treatment	...	...	...	—
	(b) Other special forms of treatment	...	...	...	13
9.	Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary	...	...	...	...
10.	Number of consultations with medical practitioners:—	...	...	...	...
	(a) At Homes of Applicants	...	...	...	107
	(b) Otherwise	...	...	...	787
11.	Number of other visits by Tuberculosis Officers to Homes	...	...	...	3615
12.	Number of visits by Nurses to Homes for Dispensary purposes	...	...	...	*1393
13.	Number of	...	...	...	...
	(a) Specimens of Sputum, &c., examined	...	...	...	492
	(b) X-ray examinations made	...	...	...	87
	in connection with Dispensary work	...	...	...	...
14.	Number of Insured Persons on Dispensary Register on the 31st December	...	...	...	713
15.	Number of Insured Persons under Domiciliary Treatment on the 31st December	...	...	...	189
16.	Number of reports received during the year in respect of Insured Persons:—	...	...	...	...
	(a) Form G.P. 17	...	...	...	17
	(b) Form G.P. 36	...	...	...	125

\* In addition, there were at least 2410 visits by Voluntary Visitors.

# TUBERCULOSIS SCHEME of the Norfolk County Council.

Return showing the immediate results of treatment of patients and of observation of doubtful cases discharged from Residential Institutions during the year 1929.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.												Total.
		Under 3 months.				3-6 months.				6-12 months.				
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Class T.B. minus.	Quiescent ...	1	3	3	12	14	3	7	8	19	2	1	7	80
	Improved ...	3	2	3	2	4	3	1	—	3	—	—	1	22
	No material improvement	—	—	—	1	—	—	—	—	1	—	—	—	2
	Died in Institution ...	2	—	—	—	—	—	—	—	—	—	—	1	3
Class T.B. plus. Group 1.	Quiescent ...	—	1	—	3	3	—	—	—	—	1	—	1	9
	Improved ...	2	1	—	8	2	—	4	1	—	2	—	—	20
	No material improvement	—	1	—	—	2	—	1	1	—	—	—	—	5
	Died in Institution ...	2	—	—	1	—	—	—	—	—	—	—	—	3
Class T.B. plus. Group 2.	Quiescent ...	—	—	—	1	4	—	5	1	—	—	—	—	11
	Improved ...	1	1	—	6	6	—	7	5	2	4	3	1	36
	No material improvement	2	7	—	2	4	—	1	1	—	1	1	—	19
	Died in Institution ...	3	2	—	—	2	—	1	1	—	2	4	—	15
Class T.B. plus. Group 3.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Improved ...	1	1	—	3	3	—	1	—	—	—	1	—	10
	No material improvement	—	2	—	1	2	—	1	1	—	1	—	—	8
	Died in Institution ...	1	—	—	1	1	1	1	—	—	1	—	—	6









## HOUSING TABLE.

The following Statement is compiled from the District Reports and indicates the general condition of Housing in 1929.

## NUMBER OF NEW HOUSES ERECTED DURING THE YEAR—

(a) Total (including numbers given separately under (b))

(b) With State assistance under the Housing Acts:—

(1) By the Local Authority ...

(2) By other bodies or persons ...

## 1. UNFIT DWELLING HOUSES.

Inspection (1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)—

(2) Number of dwelling-houses which were inspected and recorded under the Housing Consolidated Regulations, 1925

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...

(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...

## 2. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers ...

## 3. ACTION UNDER STATUTORY POWERS.

A—Proceedings under Section 3 of the Housing Act, 1925.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ...

(2) Number of dwelling-houses which were rendered fit after service of formal notices—

(a) By owners ...

(b) By Local Authority in default of owners ...

(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ...

B—Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ...

(2) Number of dwelling-houses in which defects were remedied after service of formal notices—

(a) By owners ...

(b) By Local Authority in default of owners ...

C—Proceedings under Sections 11, 14, and 15 of the Housing Act, 1925—

(1) Number of representations made with a view to the making of Closing Orders ...

(2) Number of Dwelling-houses in respect of which Closing Orders were made ...

(3) Number of dwelling-houses in respect of which Closing Orders were determined the dwelling-houses having been rendered fit ...

(4) Number of dwelling-houses in respect of which Demolition Orders were made ...

(5) Number of dwelling-houses demolished in pursuance of Demolition Orders ...

Aylsham	Blofield	Depwade	Docking	Downham	Erpingham	Flegg, E. & W.	Forehoe	Henstead	Loddon and Clavering	West Lynn	Freebridge, Lynn	Marshland	Muford and Launditch	St. Faith's	Smallburgh **	Swaffham	Thetford	Walsingham	Wayland	Total Rural Districts	Cromer	East Dereham	Diss	Downham Market	Hunstanton	Sheringham	Swaffham	North Walsbam	Walsoken	Wells-next-sea	King's Lynn M.B.	Thetford, M.B.	Total Urban Districts	Total County
45	71	7	56	36	60	55	57	56	28	2	38	107	38	*163	71	12	2	58	20	983	9	6	2	20	5	14	—	9	3	—	78	—	146	1129
37	66	4	26	10	24	38	14	40	28	—	4	66	28	10	50	12	—	44	8	849	—	—	—	16	2	†10	—	—	—	—	54	—	82	971
2	—	3	15	11	23	13	43	16	—	2	34	36	10	120	7	—	—	2	3		4	2	—	—	—	—	—	7	1	—	14	—	40	
250	183	249	157	62	470	46	60	253	395	129	230	115	334	304	262	322	134	200	183	4338	24	500	71	63	56	31	150	49	120	33	161	107	1365	5703
109	92	109	117	22	52	—	25	6	347	—	72	90	221	34	97	240	134	45	53	1865	—	100	12	19	31	31	—	49	94	17	102	—	455	2320
8	4	22	—	6	22	3	2	2	0	—	1	—	19	4	15	3	2	5	3	121	—	5	1	3	1	3	4	—	—	1	6	1	25	146
13	71	89	43	34	54	4	18	18	131	—	51	55	41	66	48	128	46	86	87	1083	15	80	27	25	7	2	8	16	86	25	43	22	356	1439
101	60	86	28	17	6	4	18	16	109	13	50	50	29	45	33	92	38	81	81	957	15	60	17	14	7	2	27	16	8	21	40	19	246	1203
3. ACTION UNDER STATUTORY POWERS.																																		
A—Proceedings under Section 3 of the Housing Act, 1925.																																		
(1)	2	22	2	5	5	64	—	4	—	—	2	2	19	10	4	15	—	5	5	166	—	—	10	9	3	5	113	—	—	1	12	—	153	319
(2)	1	17	1	—	4	6	—	—	—	—	—	2	19	5	9	9	—	1	4	78	—	—	10	†††	3	2	101	—	—	—	12	—	128	206
(a)	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	3	6
(b)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(3)	—	—	—	—	1	27	1	—	1	—	1	—	2	—	1	1	—	1	—	37	—	—	—	3	—	3	—	—	—	1	—	—	7	44
B—Proceedings under Public Health Acts.																																		
(1)	7	117	6	—	49	67	6	—	53	131	—	7	35	44	8	22	8	—	4	1	565	—	90	8	2	6	—	25	—	1	—	—	132	697
(2)	6	93	6	—	42	6	6	—	50	109	—	7	30	23	8	20	6	—	4	1	417	—	90	8	2	6	—	25	—	1	—	—	132	549
(a)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
C—Proceedings under Sections 11, 14, and 15 of the Housing Act, 1925—																																		
(1)	7	3	5	—	6	21	2	2	1	—	1	—	9	4	9	3	2	—	3	78	—	—	1	3	—	3	—	—	—	1	6	1	15	93
(2)	6	1	5	3	6	16	2	2	1	—	1	—	22	4	7	3	2	5	3	89	—	—	1	3	—	3	—	—	—	1	—	1	9	98
(3)	1	—	—	—	—	—	1	—	1	—	—	—	—	—	1	2	—	—	1	7	—	—	—	3	—	—	—	—	—	—	—	—	3	10
(4)	—	—	8	—	5	—	—	—	—	—	—	—	2	—	—	—	—	—	2	17	—	—	—	—	—	3	—	—	—	—	—	—	3	20
(5)	—	—	§4	—	7	—	—	1	—	—	—	—	—	++	—	—	—	—	2	14	—	—	—	—	—	—	—	—	—	—	—	—	—	14

++—Two closed houses were demolished under provisions of Town Improvement Clauses, Act 1847.

\*\*—15 cottages reconstructed under the Housing (Rural Workers) Act, 1926.

†††—Repairs to 6 houses in hand at end of year.

†—Erected in Erpingham Rural District.

\*—Includes 8 wood framed buildings and one conversion of existing premises.

\*\*\*—Closing Orders subsequently made in respect of 4 houses.

+—1 demolished voluntarily.

§—And 4 demolished voluntarily.



